



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE UNDERSECRETARY FOR HEALTH**

Ernie Fletcher
Governor

DEPARTMENT FOR MEDICAID SERVICES
COMMISSIONER'S OFFICE
275 E. Main Street, Mailstop 6W-A
Frankfort, KY 40621
(502) 564-4321
Fax (502) 564-0509
www.chfs.ky.gov

James W. Holsinger, Jr., M.D.
Secretary

April 6, 2005

Provider Letter: #A-66

RE: 92 Day Supply

Dear Provider:

This letter provides important information about changes to the Medicaid Pharmacy Program. Changes are based on recommendations from the Kentucky Department for Medicaid Services. First Health Services, the Pharmacy Benefit Administrator for the Kentucky Medicaid Pharmacy Program, has been instructed, **effective April 19, 2005**, to require pharmacy providers to dispense a 92 day supply of selected medications to all outpatient pharmacy Medicaid members who have demonstrated stability for at least 60 days on a given maintenance drug from any of the therapeutic classes listed below.

- Oral antiarthritics
- Antiarrhythmics
- Thyroid preparations
- Estrogens
- Progesterones
- Oral contraceptives
- Antidiabetics
- Antihypertensives
- Cardiac glycosides
- Antianginals
- Diurectics
- Digestants

The dispensing of a 92-day supply of medication does not apply to:

- **Members serviced by long term care pharmacies**
- **Individuals receiving supports for community living services**
- **Members expected to be covered under the Medicare Part D drug benefit. (After October 1, 2005, the amount dispensed should equal the number of days prior to January 1, 2006)**



Provider Letter A-66
April 06, 2005
Page two

Pharmacists are permitted to utilize their clinical discretion to determine if a 92-day supply of medicine is appropriate for Medicaid members that are in the following categories:

- **Hospice care recipients**
- **Children in Foster care**
- **Personnel care home residents**
- **Group home residents**

Medicaid's web site at <http://chfs.ky.gov/dms/Pharmacy.htm> provides information about the Medicaid Pharmacy Program and related topics such as the preferred drug list (First Health Services link/ Providers/ Documents), pharmacy provider letters, Pharmacy and Therapeutics Committee meetings and recommendations.

Contact Information:

<u>For Questions About</u>	<u>Contact</u>	<u>Phone</u>
Previously sent drug PA requests	Prior Auth Help Desk	800-477-3071
Billing of pharmacy claims	Provider Help Desk	800-432-7005
This letter or Medicaid policies	Pharmacy Department	502-564-7940

Sincerely,


Shannon R. Turner, J.D.
Commissioner

Xc: DMS Pharmacy Provider Letter A-66(2)

SRT/CS/JH/amd